PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005		Docket Number (Optional) 482782005410						
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Filed Febr	2 2004					
Application Number 10/772,097	Number 10/772,097		uary 3, 2004					
For POWER TRANSMISSION SYSTEM AND OPERATION METHOD THEREOF								
Art Unit 3681		Examiner R	Examiner Roger L. Pang					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
	<u>Fee</u>	Small Entity Fee						
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$					
x Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00					
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$					
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Applicant claims small entity status. See 37 C A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is at								
The Director has already been authorized to charge fees in this application to a Deposit Account.								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Lhave enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.								
I am the applicant/inventor.								
assignee of record of the entire Statement under 37 CFR 3 attorney or agent of record. Re	.73(b) is enclosed	I. (Form PTO/SB/96).						
x attorney or agent under 37 CF	D 1 3/							
Registration number if acting un		48,231						
MQ")		Novembe	 or 8 2005					
Signature		November 8, 2005 Date						
Mehran Arjomand		(213) 89	92-5630					
Typed or printed name		Telephone						
NOTE: Signatures of all the inventors or assignees of record of the e than one signature is required, see below.	ntire interest or their rep	resentative(s) are required. Sub	mit multiple forms if more					
Total of 1 forms are submitt	ed.							

I hereby certify that this corresponde in an envelope addressed to: MS A					
shown below.					
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